Public Health Update

Reporting Pediatric COVID-19 Cases
in Clark County

December 6, 2021

Situational Awareness:

As of December 6, 2021, there have been 39,320 cases of COVID-19, 282 hospitalizations and five deaths amongst children and adolescents in Clark County. COVID-19 cases in children may also result in MIS-C (inflammatory syndromes) and long-term complications, such as "long COVID," in which symptoms can linger for months. The spread of the Delta variant resulted in a surge of COVID-19 cases in children throughout the summer. During a 6-week period in late June to mid-August, COVID-19 hospitalizations among children and adolescents increased fivefold.

Reporting Cases:

The Southern Nevada Health District (SNHD), Division of Disease Surveillance and Control, would like to remind Clark County pediatric medical providers of the importance of timely reporting to the Health District of pediatric COVID-19 cases. The effectiveness of contact tracing and case investigation relies on immediate and complete reporting by medical providers and laboratories and is critical to the implementation of mitigation strategies within the school or daycare setting to prevent further spread of disease.

If your pediatric patient is currently enrolled in school or in daycare and may have attended during their infectious period, please contact the Health District, Division of Disease Surveillance and Control directly at 702-759-1300 to promptly initiate mitigation measures in collaboration with the school or daycare.

How to report pediatric COVID-19 cases to SNHD:

1. Report online (recommended) by completing the Online Provider Disease Reporting Form at https://www.southernnevadahealthdistrict.org/diseasereports/forms/disease-reporting
2. Complete and fax the State of Nevada Confidential Morbidity Report Form (attached) to (702) 759- 1414.
3. Contact our disease surveillance provider reporting line at 702-759-1300 with urgent reports or reports of positive children that attended school/daycare while infectious.

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Information on COVID-19 cases in children and cases reported on school campus during the incubation period and/or infectious periods as well as cases of children in Clark County that are associated with schools, can be found on the SNHD website:
http://covid.southernnevadahealthdistrict.org/cases/

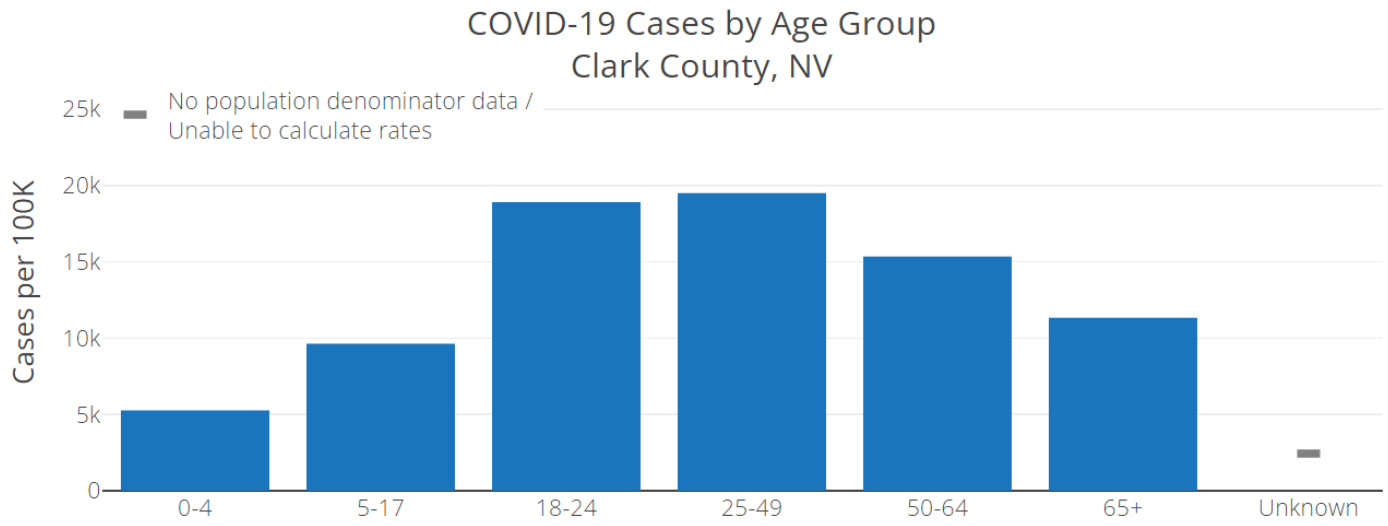

Figure above includes data as of 12/06/2021.

If you have any questions on COVID-19 surveillance, please contact the Division of Disease Surveillance and Control at (702) 759-1300.

Attachment

State of Nevada Confidential Morbidity Report Form

Fermin Leguen, MD, MPH
District Health Officer
Southern Nevada Health District

Health Alert: conveys the highest level of importance; warrants immediate action or attention
Health Advisory: provides important information for a specific incident or situation; may not require immediate action
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

State of Nevada
Confidential Morbidity Report Form

Nevada Department of Health and Human Services | Carson City Health & Human Services | Southern Nevada Health District | Washoe County Health District – Enhancing Quality of Life

Source

Provider Name	Provider Telephone #		Report Date
Facility/Organization (Name and Address)			☐ Check if completed by the Local Health Department
Person Reporting	Reporter Phone	Reporter Fax	Reporter Job Title

Facility Type

Inpatient:	Outpatient:	Screening Diagnostic Referral Agency:	Other Facility:
☐ Hospital ☐ Other_____	☐ Private Office ☐ Adult HIV Clinic ☐ Other_____	☐ CTS ☐ STD Clinic ☐ Other_____	☐ Emergency Room ☐ Laboratory ☐ Corrections ☐ Other_____

Patient Demographic Data

Patient Name (Last)	(First) (MI)	Date of Birth	Age	Sex assigned at birth ☐ Female ☐ Male
Patient Address	(City)	(State)	(Zip)	Current Gender ☐ Female ☐ M to F Transgender ☐ Male ☐ F to M Transgender ☐Unknown ☐ Refused to answer ☐ Additional gender identity (specify)_____
County of Residence	Home Phone	Cell Phone		

Pregnant ☐ No ☐ Yes	Prenatal Care ☐ No ☐ Yes	Pregnancy EDC	Ethnicity ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unknown ☐ Expanded Ethnicity_____

Parent or Guardian Name	Birth Country and Arrival Date	Primary Language Spoken	Race(s) ☐ White ☐ Black: ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Other ☐ Unknown
Social Security Number	Occupation / Employer / School	Medical Records Number	
Incarcerated ☐ No ☐ Yes	Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Unknown		
Sexual Orientation: ☐ Straight or Heterosexual ☐ Lesbian or Gay ☐ Bisexual ☐ Queer ☐ Pansexual ☐ Decline to answer ☐ Other, specify:			Expanded race: _____

Morbidity Data

Disease or Condition	Date of Onset	Patient Notified of This Condition ☐ Yes ☐ No	Pertinent Clinical Information/Comments
Patient Hospitalized ☐ Yes ☐ No Admit Date Hospital:		Patient Died of This Illness ☐ Yes ☐ No Date:	

Condition Acquired in Nevada ☐ Yes ☐ No ☐ Unknown If no, ☐ Interstate ☐ International	Diagnosis Date	Discharge Date	Symptoms/Suspected Source

Was laboratory testing ordered? *If yes, attach the results or provide the laboratory name if the results are unavailable* ☐ No ☐ Yes	Was the patient treated? *If yes, provide the treatment details (drug name, dosage, duration, dates etc.)* ☐ No ☐ Yes

Hepatitis Laboratory Results

	POS	NEG	Date
HAV Antibody Total	☐	☐	_____
HAV Antibody IgM	☐	☐	_____
HBV Surface Antigen	☐	☐	_____
HBV e Antigen	☐	☐	_____
HBV Core Antibody Total	☐	☐	_____
HBV core Antibody IgM	☐	☐	_____
HBV Surface Antibody	☐	☐	_____

	POS	NEG	Date
HBV DNA	☐	☐	_____
HCV Antibody RIBA	☐	☐	_____
HCV RNA (e.g. by PCR)	☐	☐	_____
HCV Antibody (ELISA)	☐	☐	_____
HCV Antibody (Rapid)	☐	☐	_____
HDV Antibody	☐	☐	_____
HDV Rapid	☐	☐	_____

	Date / Range
HCV Genotype	_____
ALT (SGPT) Level	_____
Alt-Lab Normal Range	_____
AST (SGOT) Level	_____
AST-Lab Normal Range	_____
Name of Lab	

Patient Name (Last) (First) (MI)

Initial Diagnostic HIV Tests

Has this patient been informed of his/her HIV infection? ☐ Yes ☐ No ☐ Unknown

The patient's partners will be notified about their HIV exposure and counseled by:
☐ Health Dept. ☐ Physician/provider ☐ Patient ☐ Unknown

TEST 1 ☐ HIV-1 IA ☐ HIV-1/2 IA ☐ HIV-1/2 Ag/Ab ☐ HIV-1 WB ☐ HIV-1 IFA ☐ HIV-2 IA ☐ HIV-2 WB

Test Brand Name/Manufacturer: _____ ☐ Point of care rapid test
Results ☐ Positive ☐ Negative ☐ Indeterminate Collection Date: _____

TEST 2 ☐ HIV-1 IA ☐ HIV-1/2 IA ☐ HIV-1/2 Ag/Ab ☐ HIV-1 WB ☐ HIV-1 IFA ☐ HIV-2 IA ☐ HIV-2 WB

Test Brand Name/Manufacturer: _____ ☐ Point of care rapid test
Results ☐ Positive ☐ Negative ☐ Indeterminate Collection Date: _____

Evidence of receipt of HIV medical care other than laboratory test results
☐Yes, documented
☐ Yes, client self-report, only
☐ Date of medical visit or prescription

HIV Type Diff

HIV-1-2 Ag/Ab type-differentiating immunoassay (differentiates among HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab)

Analyte results:				Date:
	HIV-1 Ag: ☐ Reactive	☐ Nonreactive	☐ Not reportable due to high Ab level	
	HIV-1 Ab: ☐ Reactive	☐ Nonreactive	☐ Undifferentiated/Indeterminate	
	HIV-2 Ab: ☐ Reactive	☐ Nonreactive	☐ Undifferentiated/Indeterminate	

HIV Viral Load HIV Genotype

Qualitative
Results ☐ Positive ☐ Negative ☐ Indeterminate
Collection Date: _____

Quantitative
Results ☐ Detectable ☐ Undetectable
Copies/mL: _____
Collection Date: _____

HIV Genotype (Resistance) Collection Date: _____ Interpretation: _____

Risk Exposure (select all that apply)
Complete for HIV/AIDS or STI
☐ Sex with Male
☐ Sex with Female
☐ Inject(ed) non-prescription drugs
☐ Sex Partner has HIV or AIDS
☐ Sex Partner Injects Drugs
☐ Sex Partner is Male that has Sex with Males
☐ Injection Drug Use
☐ Perinatal Exposure of Newborn
☐ Other Exposure (specify)
_____

Sexually Transmitted Infection (STI)

Syphilis Stage	Syphilis Symptoms	Gonorrhea Specimen Site	Chlamydia Site(s)	STI Treatment
☐ Primary	☐ Chancre	☐ Cervical	☐ Cervical	☐Azithromycin 1g
☐ Secondary	☐ Palmar/Plantar Rash	☐ Urethral	☐ Urethral	☐L-A Bicillin 2.4 mu IM x #_____(doses)
☐ Early Latent (<1 yr)	☐ Condylomata Lata	☐ Rectal	☐ Rectal	☐ No Treatment Given
☐ Latent	☐ Neurologic	☐ Pharyngeal	☐ Pharyngeal	☐Ceftriaxone/Rocephin 500mg IM
☐ Congenital	☐ Other (specify)	☐ Ophthalmia Neonatorum	☐ PID	☐ Doxy 100 Mg BID x #_____Days
☐ Unknown	_____	☐ PID	☐ Other (specify)	☐Other:_____
		☐ Other (specify) _____	_____	

Specify STI Lab Test (e.g. RPR Titer, FTA-TPPA, Darkfield, Smear, Culture, NAAT, EIA, VDRL-CSF)

Date	Test	Result

Did you provide treatment for any of this patient's partners? (Check all that apply)

☐ Yes, I saw the sex partner(s) in my office ☐ Yes, I gave medication for___ (#) partners ☐ Yes, I wrote a prescription for __ (#) partner(s)

Partner Name_____ DOB_____

TB Disease and LTBI .

☐ Tuberculosis Disease (suspected or confirmed) ☐ TB Disease Site: _____
☐ Latent TB Infection (LTBI)

Chest X-ray/Imaging: (include last report)
☐ Abnormal ☐ Normal Date: _____

Symptoms ☐ Cough > 3 weeks ☐ Hemoptysis ☐ Fever ☐ Weight loss ☐ Fatigue ☐ Abnormal Chest X-ray

Laboratory Results (include a copy of laboratory testing)

	POS	NEG	Date
TB Test, IGRA	_____	_____	_____
TB Test, TST: ____ mm	_____	_____	_____

If *Not* Sputum, indicate source:_____

	POS	NEG	Date
AFB Smear	_____	_____	_____
NAAT	_____	_____	_____
Culture	_____	_____	_____

Treatment (include drug(s)/dose(s))
☐ No treatment started
☐ LTBI treatment, Date started
☐ TB Disease treatment, Date started

COVID-19

☐ COVID-19 lab test type: ☐ PCR ☐ Antigen ☐ Antibody

COVID Vaccine ☐ Yes ☐ No

Vaccine Brand Name:
First Vaccine Date:
Second Vaccine Date (if applicable):

Fax completed forms to:

Carson City, Lyon, Douglas: (775) 887-2138
Washoe County: (775) 328-3764
All Other Areas: (775) 684-5999

Clark County: HIV (702) 759-1454
TB (702) 759-1435
General (and COVID) (702) 759-1414

Updated October 2021